

KANSAS BOARD OF REGENTS

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR RECRUITED OR TRANSFERRED EMPLOYEES

(see K.A.R. 88-3-11)

1. This application is for (Check ONE ONLY) [] Fall 20 ____ [] Spring 20 ____ [] Summer 20 ____

2. Student's Last Name, First, MI _____ Student Number _____ Student's Social Security # _____

3. Current address _____ Street and Number or Rural Route (P.O. Box not sufficient) _____ Home Phone _____ City _____ State _____ Zip _____ Work Phone _____

4. Date of birth _____ How many credit hours will you be taking this semester? _____

5. When did your current period of physical presence in Kansas begin? (month/day/year) _____ If above is later (or earlier) than the effective date of employment on the other side, please explain: _____

6. Are you a CITIZEN of the United States? [] Yes [] No If NO, have you been granted Immigrant or Permanent Resident status by the U.S. Immigration & Naturalization Service? [] Yes [] No If NO, indicate type of VISA _____ If YES, attach a copy of your Alien Registration card.

7. Reason for moving to/remaining in Kansas? _____

8. SPOUSE OR DEPENDENT CHILD: Relationship of Student to Employee _____ Employee's Last Name, First, MI _____ Name/relationship of person who claimed you as a dependent on their last income tax form. _____

I certify that the information given on this application is accurate and complete. If any circumstances change affecting the tuition classification status requested by this application, I agree to notify the Office of the University Registrar in writing within 15 days after such change. I understand that falsified information can result in financial obligation (non-resident fees) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law (K.S.A. 21-3711). I also understand that information from my application for admission and other university records will be considered as part of this application. Date _____ Student Signature _____ (IN THE PRESENCE OF A NOTARY PUBLIC) NOTARIZATION: Subscribed and sworn to/affirmed before me this ____ day of _____, 19____, at _____ CITY SIGNATURE OF NOTARY _____ MY APPOINTMENT EXPIRES: _____

Employee's Signature _____ Social Security # _____

EMPLOYER MUST COMPLETE OTHER SIDE

RETURN TO: DEADLINE:

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(see K.A.R. 88-3-11)

SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

A. Verification

I verify that _____ was recruited/transferred
(employee's name)

to Kansas by this company effective _____ as a _____
(mo/day/yr) (position title)

This employee was hired as a FULL-TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on that basis for at least one year from the effective date above.

Company Name: _____

Company Address IN KANSAS: _____

B. Required signatures (TWO ARE REQUIRED and THE SECOND ONE MUST BE NOTARIZED)

1. Personnel Director (or equivalent if there is no Personnel/Human Resource section)

(Name, printed) _____ (Title) _____

(Work address) _____

(Signature) _____ (Date) _____ Work phone # _____

< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>

2. Owner, partner, Chief Executive Officer or first signatory's superior (MUST BE NOTARIZED)

(Name, printed) _____ (Title) _____

(Work address) _____

(Signature) _____ (Date) _____ Work phone # _____

< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>

Notarization

Subscribed and sworn to/affirmed before me this _____ day of _____, 19 _____, at
_____, _____
(city) (state)

My appointment expires: _____ /s/ _____
(Notary Public)

----- BOTH SIDES MUST COMPLETED BEFORE RETURNING -----

RETURN TO:

DEADLINE: